Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN

Bureau of Quality Assurance
P.O. Box 2969

Madison WI 53701-2969

Facility Information

Facility Name: PRIMROSE RESIDENTIAL FACILITY (0009366)
Address: 3910 3910A W BURLEIGH ST, MILWAUKEE, WI 53210

License Status: REGULAR

Licensed/Certified/Registered 05/01/2003

Regional Office: SOUTHEASTERN REGION (MILWAUKEE), (414) 227-2005

Survey	History
Suite	IIIGUUI Y

Survey ID: 0096843 End Date: 03/08/2006 Type: OTHER Purpose: COMPLAINT

Results: STATEMENT OF DEFICIENCY ISSUED

Survey ID: 0095699 End Date: 10/07/2005 Type: STANDARD Purpose: SURVEY/COMPLAINT

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10008843 Served 10/12/2005

		<u>Compliance</u>	
Deficiencies Cited	Subject Area	<u>Veri fied</u>	Corrected
50.065(4m)(c)	COMPLETE BACKGROUND INFORMATION	03/08/2006	Yes
	DISCLOSURE FORM		
83.13(4)(a)	COMMUNICABLE DISEASE CONTROL	03/08/2006	Yes
83.14(1)(d)	FIRE SAFETY, FIRST AID & CHOKING	03/08/2006	Yes
83.19(3)(e)	WHEN POLICE ARE CALLED TO FACILITY	03/08/2006	Yes
83.41(5)(a)4	BATHROOMS SHALL PROVIDE PRIVACY	03/08/2006	Yes
83.42(12)	MAINTENANCE OF EXITS	03/08/2006	Yes
83.42(3)(e)	QUARTERLY FIRE DRILLS	03/08/2006	Yes
83.43(3)(b)1	TESTING BY SERVICE COMPANY	03/08/2006	Yes

Survey ID: 0094890 End Date: 05/17/2005 Type: OTHER Purpose: DESK REVIEW

Results: NO STATEMENT OF DEFICIENCY ISSUED

Provider Inspection Summary

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Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Survey ID: 0094569 End Date: 03/29/2005 Type: OTHER Purpose: DESK REVIEW

Results: ENFORCEMENT ACTION

Statement of Deficiency: #10009090 Served 04/13/2005

Compliance

Deficiencies CitedSubject AreaVerifiedCorrected50.065(6)(b)CREDENTIALED CAREGIVERS04/30/2005Yes

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Enforcement History

Date: 10/11/2005 SOD #10008843 Appealed: No

Sanctions

COMPLY WITH DEPARTMENT PLAN OF CORRECTION

FORFEITURE---83.14(1)(d) FORFEITURE---83.19(3)(e)

Date: 04/12/2005 SOD #10009090 Appealed: No

Sanctions

COMPLY WITH REQUIREMENT

Provider Inspection Summary

For the period 06/01/2003 to 05/31/2006 Community Based Residential Facility CLASS AA (AMBULATORY) STATE OF WISCONSIN
Bureau of Quality Assurance
P.O. Box 2969
Madison WI 53701-2969

Complaint History

Date Complaint Received: 09/27/2005 Date Investigation Completed: 09/29/2005

Subject Area(s) Result SOD #

RESIDENT RIGHTS NOT SUBSTANTIATED RESIDENT BEHAVIOR/FACILITY PRACTICE NOT SUBSTANTIATED

PHYSICAL PLANTS & SAFETY HAZARDS SUBSTANTIATED 10008843

NUTRITION & FOOD SERVICESNOT SUBSTANTIATEDMEDICATIONSNOT SUBSTANTIATEDPROGRAM SERVICESNOT SUBSTANTIATED